THE AMERICAN PRACTITIONER.

JUNE, 1876.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

ON THE TREATMENT OF PLACENTA PRÆVIA.*

BY THEOPHILUS PARVIN, M. D.

Placenta prævia is an accident which, while known to the profession since the days of Portal, has not yet had any uniform treatment firmly established in the professional mind, although this treatment has been the subject of numerous monographs, and of many, some of them, indeed, angry discussions.

While abnormal implantation of the placenta is not very frequent—once in five hundred cases according to Dr. Thomas,† but only once in about twelve hundred by the larger and more recent statistics of Depaul‡—yet the dangers to both mother and child are so great, that the practitioner never meets a case of the kind without great anxiety as to the result.

Before considering the different methods of treatment ad-

* Read before the Indiana State Medical Society, May 16, 1876.

† New York Medical Journal, February, 1870.

‡ *Leçons de Clinique Obstétricale*, Paris, 1876.

vised, a word or two as to the causes of the hemorrhage, which is at once the sign and the peril of placenta prævia.

Sir James Simpson,* adopting the view of a predecessor in the obstetrical chair in the University of Edinburgh—Hamilton—maintained that this hemorrhage was placental, not uterine; but that gruff immortal, Dr. Robert Lee, asserted that these gentlemen, and others who upheld this view, were "neither anatomists nor physiologists," and it has not received professional endorsement. Nevertheless this false theory has contributed to a peculiar treatment, first advocated by Radford as an exceptional, by Simpson as a general mode—a mode which Dr. Lee denounced as "murderous." So, too, a theory as to the immediate cause of the hemorrhage, suggested by Dr. Robert Barnes, has been made the basis of a practice which has been most ably advocated by this eminent accoucheur. Dr. Barnes contends that the detachment of the placenta giving rise to the bleeding, is not from uterine, but from placental growth—the rate of progress in the latter being greater than in the former, and hence a loss of mutual adaptation between the uterine surface of the placenta and placental surface of the uterus. But is this theory tenable? The hemorrhage in placenta prævia very rarely occurs before the sixth month, not often in the seventh, decidedly the most frequently in the ninth. But the development of the fundus has been almost completely accomplished in the first seven months, while the development of the inferior segment, the *cervical* zone according to the terminology of Dr. Barnes, takes place especially in the last three months, just when, as pointed out by Jacquemier, the growth of the placenta is least. Surely, then, if hemorrhage occurs from a want of concordance between the respective rates of development of uterus and placenta, such hemorrhage ought to occur when the placenta is at the fundus instead of near the cervix, provided the immediate cause be the more rapid growth of the placenta than of the surface to which it is attached.

*Lancet, October 16, 1847.

In regard to the treatment of cases of placenta prævia, some of the older obstetricians, such as Guillemeau, 1609, and Mauriceau, 1668, who believed the placenta was prævia because it had become detached and dropped down to the mouth of the womb, practiced immediate delivery, the former stating that the operation of turning in such cases he had learned from Paré and Hubert. Smellie, whose work on obstetrics was published in 1752, dilated with the fingers the os, ruptured the membranes, and also resorted to the forceps, to the crotchet or to podalic version, if the hemorrhage persisted or the labor delayed. The tampon was an important advance in the therapeutics of placenta prævia, made in 1776 by Leroux of Dijon. Ergot has its advocates, and has frequently been used to supplement some of the other modes of treatment. Two effects are claimed for this agent, the one as an immediate hemostatic, and the other hastening delivery by exciting or intensifying uterine contraction.

Thirty years ago the method with which the name of Sir James Simpson is so identified, was urged with all the earnestness and ability of its distinguished advocate. Observing that some cases did well where the placenta had become completely detached and was delivered before the child, Sir James asserted this rule of practice—artificial and complete detachment and removal of the placenta.

The next novelty in the therapeutics of this disorder was the *partial* detachment of the placenta by Dr. Barnes.

Finally, the induction of premature labor was, I believe, first practiced by Dr. Robert Greenhalgh, physician-accoucheur to St. Bartholomew's Hospital, in 1862, and a paper* by him, advocating this treatment and presenting some valuable statistics, was read before the London Obstetrical Society, June, 1864. In that paper Dr. Greenhalgh states that in any given case of hemorrhage due to placenta prævia, occurring after seven and a half months of utero-gestation, when the child is viable, it is expedient, both for the safety of the mother and child, to expedite labor, unless the condition

* Transactions of the Obstetrical Society, Vol. VI.

of the patient from exhaustion be such as to preclude this step, and, if so, then as soon as possible after she has recovered from the shock, by every means in our power; that, in so doing, we should arouse the uterus to vigorous action; and while, on the one hand, we take due precaution to arrest all external flow from the vagina, we should, on the other, adopt such means as will effectually prevent any accumulation of blood in the cavity of the uterus, at the same time that we endeavor to effect a gradual dilatation of the parts.

These ends are to be attained by means of a vaginal plug, an elastic abdominal bandage, and ergot of rye, with the occasional use of stimulating enemas, frictions over the abdomen, and every now and then rupture of the membranes; turning only being had recourse to in cases of presentation of the upper extremities; the forceps where, from inefficient action of the uterus or slight mechanical impediments, arrest takes place in the passage of the head through the pelvis; and craniotomy in more serious cases of disproportion in size between the presenting part and pelvis. Such is Dr. Greenhalgh's confession of faith and practice.

The vaginal plug referred to is described as "an oblong* rubber-ball, larger at its upper than lower extremity, which terminates in a tube, closed by a stop-cock." The ball is introduced flaccid, then distended by means of a syringe with air.

Prof. Thomas, *op. cit.*, believes that it should be the recognized practice to resort to premature delivery as a prophylactic measure in cases of placenta prævia.

Nearly two years ago, in a case of placenta prævia, I induced labor at seven months and a half, and both mother and child were saved.† The dilatation of the os was accomplished by Molesworth's dilators.

Dr. Angus McDonald has published‡ two cases where he

* A ball that is oblong would certainly be almost as great a curiosity as a circle that is square.

† This case is reported in the American Practitioner, March, 1875.

‡ Edinburgh Obstetrical Society's Transactions, Vol. III. Edinburgh, 1875.

successfully used Barnes's dilators, and remarks: "Nothing can be gained by delay, if we are satisfied that the bleeding is really serious, and if continued would lead to great risk to the mother's life and health. In such cases, therefore, as present really serious bleeding, the India rubber dilators allow us to select our own time. * * * So soon as the bleeding is really serious, and likely, if persisted in, to endanger the life of the mother, then I hold we are bound at once, and without fear of any evil consequences, to proceed to dilatation and delivery."

Let us now endeavor to appreciate the different therapeutic means advised in placenta prævia.

Here, as in many other questions presented to the obstetrician, two lives are involved, and obviously that practice is best which saves both, or, that being impossible, saves the greatest number of mothers and children.

It was unjustly* charged that King Henry the Eighth, when the queen, Lady Jane Seymour, was in labor, a lady having told him that either the child must die or the mother, answered, Save the child; and therefore the child was cut out of the mother's womb. And I believe the allegation of Dr. Tyler Smith, made in 1847,† that in France the safety of the life of the child is in many cases held practically to be of more importance than that of the mother, is equally unjust. Napoleon, when asked by the accoucheur as to the treatment of Maria Louisa, should a certain contingency arise in her confinement, replied, "I expect you will treat her as you would the wife of a shopkeeper in the Rue St. Martin." Surely this did not mean a sacrifice of the mother for the possible saving of the child! Verrier has made a vigorous defense‡ of the French school of obstetrics against the allegation we have quoted, and other similar ones

* See Froude's History of England.

† Lancet, October 9, 1847.

‡ *Gazette Obstétricale*, 1874. Unfortunately the vindication comes so many years after the charges, and even more than two years after the death of Dr. Smith.

of Dr. Smith's utterance; and we can not doubt that obstetricians everywhere would agree that, in the condition under consideration, the practice should be such as would be most likely to save both lives, and if either is to be especially imperilled or lost, let it be that of the child rather than of the mother.

The rate of mortality in placenta prævia is by no means settled. When Dr. Greenhalgh read the paper to which reference has already been made, and used Read's statistics, giving a mortality of one in four and a half of mothers, and a large majority of the children dead, it was objected by Drs. Barnes and Hicks that these statistics were unreliable. In like manner the tables of Sir James Simpson, showing the death of nearly one-third of the mothers and more than one-half the children, did not escape the criticism* of Radford, Robert Lee, and Tyler Smith.

But let us see how the matter stands to-day in the most recent investigations. Depaul, *op. cit.*, gives a mortality of one in three of the mothers; and in three hundred and twenty-eight cases of infants, tabulated by Holst, two hundred and twenty were dead-born. So that it is highly probable the proportions given by Read and Simpson do not vary materially from the expression of the truth. Nor are these statistics invalidated, on the one hand, by the assertion that many of the patients with placenta prævia were brought to hospitals when almost in *articulo mortis*, past all hope of successful treatment, for the major portion, if not all, had treatment of some sort before being brought; and we are not weighing this man's practice or that man's, one mode of treatment or another, but seeking the average consequences of a certain condition, and the average results of common practice. On the other hand, they are not invalidated by some apostle of an original plan, Dr. Barnes for example, who claimed† to have saved eight out of ten children, and thirteen out of fourteen mothers. One man's experience in the settlement of a

* Lancet, 1847.

† London Obstetrical Society's Transactions, Vol. VI, p. 189.

great question like this, is but a dim light, and is as likely to lead to error as to truth. And especially we want to know what the average practitioner—not what one of the greatest obstetricians of the age, rich in knowledge and experience—can do, what he can expect, and what is to be expected of him.

Blundell,* in his lectures, speaks of being called in one night to two pregnant women dead from uterine hemorrhage. In what statistical table should such cases be entered? We believe, then, the mortality to mothers and infants is fairly expressed in the statistics we have quoted.

Of course all are agreed that the imminent danger to the mother is from hemorrhage, and almost all will say that asphyxia is the peril threatening the infant. This hemorrhage may continue even unto death, and the os remain rigid. It is in such cases of undilated os that the older obstetricians advised, if the hemorrhage were threatening, forcible dilatation—a practice which will hardly find any advocates to-day.

What position should we assign ergot in our list of therapeutic means? We have got so in the habit of thinking this agent is the special uterine hemostatic, just as popular practice demands lotions of arnica for all bruises and sprains, that I sometimes fear ergot is often given needlessly or injuriously. And in the case in hand, are there not objections to this remedy? Conceding all that its warmest advocates claim for it, let it even originate, and let it intensify uterine contractions, are ergotic contractions not perilous to the child? Asphyxia is its danger, an asphyxia threatened by the diminution of placental surface for the purification of its blood, an asphyxia which will be increased by the continuous, tetanic contraction which this medicine is believed to induce, and which hinders the influx to the uterus of fresh maternal blood. Only when the os is well dilated or dilatable, and the labor can be speedily terminated, is ergot, so far as the interests of the child are concerned, admissible in the treatment of placenta prævia.

* Lancet, 1827.

Puncture of the membranes—not rupture after the os is dilated—but puncture, the os being undilated, is a treatment which, so far as the child is concerned, is equally objectionable with ergot for reasons that must be obvious; and so far as the mother is concerned, may not in all cases be free from danger, since possibly it may sometimes change an open into a concealed hemorrhage.

Podalic version is a measure which also increases the risks to the child's life, and probably may be limited almost, if not quite altogether, to cases of shoulder presentation. Nor is such version always in itself a safe operation for the mother. Denman and Gooch, among the older obstetricians, and Tyler Smith and Bedford among more recent, insist upon this as *the* treatment in placenta prævia.

The complete detachment of the placenta, advised by Sir James Simpson, is a method which ignores the child's interests, and has never received any general professional support. Its partial detachment, as urged by Dr. Barnes, we think has been shown to rest upon an erroneous theory, and most people will not think it very rational to increase a bleeding surface in order to stop a hemorrhage, or divide the radial artery because the ulnar has been wounded and is bleeding.

Having disposed of these plans of treatment, we have remaining for consideration the tampon and dilators.

First, let it be observed that the tampon is an indirect dilator in most cases, while the dilator is an immediate and a most efficient tampon.

Most obstetric authorities advise the tampon whenever the hemorrhage is great and immediate delivery can not be accomplished. Commencing with Leroux in 1776, we have Blundell, Burns, Ramsbotham, Leishman, Jacquemier, Desormeaux, Moreau, Dubois, Pajot, Cazeaux, Tarnier, Depaul, and our own eminent countrymen, Dewees, Hodge and Byford, among those* who direct the use of the tampon.

As to the material of which the tampon is formed authors

* Dr. George W. Mears, of Indianapolis, a gentleman of long professional experience and of large obstetric practice, has had quite satisfactory results with the tampon, and has been many years its advocate.

differ. Dewees and Hodge advise sponge, Dubois and Depaul charpie, Dr. Byford the colpeurynter, Dr. Greenhalgh a somewhat similar contrivance, and some have used a hog's bladder. Depaul directs that the charpie should be rolled in balls the size of a pullet's egg, a thread attached to the first twelve that are introduced, and that they should be coated with cerate in order to facilitate their introduction, and also their being molded into a compact mass, filling up more completely the vaginal cul-de-sacs, and not permitting the blood to insinuate itself between the different pieces. He rejects the speculum in the application, since it is useless if not injurious, for sometimes its introduction excites a fresh hemorrhage. He condemns the various rubber tampons and those of animal membranes, asserting that whatever has been said and whatever precautions are taken, they do not mold themselves to the shape of the vagina, but leave a space in its upper part, which soon fills with blood, and whence this blood readily glides between the external surface of such a tampon and the vaginal walls. Warm advocate as he is of the tampon, he states that in some rare cases external hemorrhage may take place in spite of this appliance, or blood accumulate between the ovum and the uterine walls, or less seldom between the uterus and the tampon, and fainting result.

Following the example of Leroux, who used a tampon saturated with vinegar, astringent solutions of various kinds, such as of alum and of the salts of iron, have been similarly resorted to, but, as Depaul remarks, that is not often useful, for we seek from the tampon a purely mechanical action.

Is it not possible that using a tampon, an open may become a concealed hemorrhage? A statement of Depaul, quoted a moment ago, gives an affirmative. Evidently Dr. Greenhalgh holds a similar opinion, for the elastic bandage which he uses in conjunction with the tampon is to insure such compression of the uterus that this accident can not occur. Jacquemier thought so, for he explicitly says:* "In

* *Manuel des Accouchèments.* Paris, 1846.

no case is the patient absolutely free from a dangerous internal loss of blood, especially if the quantity previously lost has been great, and hence it is advisable to employ simultaneously with the tampon methodical compression of the abdomen," etc. And Gardien, quoted by Cazeaux,* admits such possibility when he says that the examples of this internal hemorrhage are so rare that they can not counterbalance all the advantages of the tampon.

Nor is the tampon invariably a security against external hemorrhage. Dr. Barnes, *Obstetric Operations*, declares the various forms of vaginal plugs to be "treacherous aids." He furthermore says: "Do not go to sleep in the false security that, because you have tightly packed the vagina, the bleeding will cease." "Never leave a patient more than an hour, trusting to the plug."

Who, then, in the face of these statements, can reasonably assert that a tampon insures the safety of the mother!

Another possible danger from the tampon is the insinuation of the blood that may be effused after its application, between the placenta and the uterus, wedging them apart so that not enough of the former organ may remain in connection with the latter to secure the purification of the fetal blood.

Add to these two possible dangers, the one to the mother, the other to the child, the discomfort of a vagina distended by the thorough packing which is necessary and the painful pressure upon contiguous organs, and the delay in accomplishing delivery—for after all, the essential thing in placenta prævia, when serious hemorrhage has occurred, is to effect that delivery as soon as practicable—we would naturally ask is there no better way of treating these cases? My answer is, tampon not the vagina but the uterus itself, and dilate not indirectly, but directly, by means of hydrostatic pressure. By Molesworth's or Barnes's dilators, hemorrhage can certainly be prevented, and delivery effected within a few hours, thus materially diminishing the discomforts, anxiety, and weariness of delay of the mother, and the dangers to both her and her child.

*Theoretical and Practical Midwifery.

Before the Atlantic was crossed by a steam vessel, an eminent scientific authority demonstrated that it was impossible on the ground that a vessel could not carry enough fuel to make the requisite steam. But no one now indulges in such logic, endeavoring to disprove facts proved thousands and tens of thousands of times.

So these elastic dilators have been successfully used time and again in the induction of premature labor. They not only do it, but do it rapidly; by them it can be effected in an hour, says Dr. Barnes. In a case of placenta prævia, where Dr. Thomas induced labor in this way, *op. cit.*, delivery was accomplished in an hour and a half. A *fait accompli*, nay, that which has been done time and again, is not usually made a subject of controversy. And now to dispute this utility of dilators is on a par with an argument against the possibility of ocean transit by steam.

In conclusion, I am quite prepared to adopt the teachings of Drs. Greenhalgh and Thomas as to the induction of premature labor in cases of placenta prævia, and to declare my faith that the mortality of both mothers and children will undergo a marked diminution when this is recognized by the profession as the rule of practice: and, finally, hydrostatic dilators are the safest and best means, in placenta prævia, for the induction of premature labor.

INDIANAPOLIS.

DOES ETIOLOGY CONSTITUTE A PROPER BASIS FOR THE CLASSIFICATION AND DIAGNOSIS OF DISEASES?

BY N. S. DAVIS, M. D.

Before the profession had made much progress in the study of pathology and pathological anatomy, or the morbid conditions and changes constituting the various forms of disease,

symptomatology was made the basis both of diagnosis and nosological arrangements. But as the study of minute anatomy, both healthy and morbid, advanced, and symptoms and physical signs came to be regarded only as indices or signs, expressive of certain morbid conditions of function or structure, these latter came to be pretty generally regarded as the proper basis for grouping diseases into classes and varieties, according to their supposed nature and tendencies. Practically, however, it was found impossible to present a strictly scientific and consistent nosology on that basis; and writers on practical medicine had generally abandoned such attempts, and contented themselves with simply grouping diseases under such headings as would afford a convenient order for their consideration.

As is well known, during the last fifteen or twenty years sanitary science, involving the study of etiology, has attracted a constantly increasing attention, coincidently with the application of the microscope in the study of all minute objects. This has led to a rapid extension of the doctrine of *specific* germs and materies morbi as causes of disease, as well as of the idea of *specificity* in the character of disease itself. And as a natural consequence, we find a corresponding tendency on the part of writers to classify, and to some extent, at least, differentiate diseases in accordance with their supposed causes. Hence etiology is becoming the leading guide for nosological divisions and differential diagnoses. As an illustration, we find in the great work now in process of publication, called Ziemssen's Cyclopædia of the Practice of Medicine, a large number of the most important diseases arranged under the title of "*Infectious* diseases," acute and chronic. In the introductory chapter of the first volume, Liebermeister not only approves this plan, but discusses at considerable length the objection to the symptomatological and pathological bases of nosology, and distinctly claims that etiology should constitute the foundation for both classification and diagnosis. The only reasons he gives for this claim are his assertion that it admits of greater scientific exactness, and that it would bring

into greater practical prominence the "indicatio causalis," and aid in advancing the departments of hygiene and preventive medicine.

The prominence thus given to this subject, and the influence it is calculated to exert over the professional mind, has caused me to institute the inquiry at the head of this article, namely, does etiology constitute a proper basis for the classification and diagnosis of diseases? So far as relates to the single idea of the classification or grouping of diseases, in accordance with some circumstances or facts common to the members of each class, we think it of very little importance whether the circumstances or facts relate to symptoms, pathological conditions, or causes, provided they have a clearly demonstrated existence. If, however, we take mere hypothetical circumstances or assumed facts as the basis, we are extremely liable to propagate errors of a grave character both in regard to sanitary measures and practical therapeutics.

When writers of acknowledged eminence group a large number of diseases—general and local, acute and chronic—under the head of *infectious*, they necessarily convey the impression that all the diseases thus classed have for their essential cause some specific poison. This impression is received as an established fact by a large proportion of readers, and with it the generally associated inferences that such diseases are *specific* in their nature, definite in their course and duration, and controllable by remedial agents only to a very limited degree. The fact that the leading author may acknowledge, as Liebermeister does freely in his introduction, the incompleteness of the investigations concerning the supposed infections or poisons, and that even the existence of many of them are entirely hypothetical, does not materially alter the result. The specific cause once assumed to exist, and a few facts adduced which are merely sufficient to indicate the *possible* correctness of the assumption, and such cause receives general recognition, and is spoken of and written about with as much positiveness as though its existence, nature, and effects, were as well known as any of the

most familiar objects about us. For instance, among the diseases classed as infectious are typhoid fever, dysentery, cholera, diphtheria, etc.; and as fair samples both of the methods of reasoning and the positive application of mere hypothetical facts, we give a few paragraphs from an article recently published in one of the medical periodicals: "If it be accepted that cholera is a specific disease—and who will say it is not?—then a specific origin must be admitted; for the day has long passed when several distinct origins were admitted for a single specific disease." Here the writer first assumes the disease (cholera) to be specific in its character, and from that infers that it *must* have one essential and specific cause. Next he asserts the character of the specific cause as follows: "The development of the cholera of infants and adults is obedient to the same law of extension (as typhoid fever); and the *germs* of cholera, if implanted in the proper soil, will bring forth cholera as immutably as the grain of corn brings forth corn and no other grain." This would appear to assert, with sufficient positiveness, the *germ* theory—contagium vivum of Liebermeister. But in another place the same writer says: "Whether its (cholera) essential pathology lies in the presence of bacteria or a blood ferment, we can not perhaps declare to-day." Here the germs "bacteria or blood ferment" are not only asserted, but their presence is represented as constituting the "essential pathology" of the disease. In other words, the disease and its cause are represented as one and the same. And yet, on the same page, the writer says: "Respecting the real *causation* of cholera infantum, we must confess our utter ignorance, for nothing is positively known of it."

We might fill a moderate-sized volume with quotations from different sources, equally positive and equally contradictory, concerning the supposed specific causes of so-called infectious diseases. Liebermeister, for instance, says: "In the large majority of infectious diseases, the poisons by which they are called into activity have been hitherto unknown. We judge of their presence and their peculiarities only from

their actions, and from the diseases which they produce." Again he says: "Investigations into the organisms which lie at the root of all infectious diseases have scarcely been begun."* While these expressions carry very positively the idea that poisonous germs do call "into activity" and "lie at the root of all infectious diseases," they equally acknowledge that we know very little about them. Any attempt to found a classification of diseases on their supposed causes, in the present condition of our knowledge, must of necessity assume more than we know, which is both unphilosophical and antagonistic to the progress of true science.

Another objection to the making of etiology the basis of classification and differential diagnosis, is its tendency to confound etiology with pathology, and to make disease a specific entity or individuality, instead of a morbid process or altered condition of function or structure. This is seen in one of the quotations already made. It is manifest in the language of most writers, while advocating the theory of specific poisons and living germs, and representing the presence of such germs in the blood and tissues and the changes they undergo, as coincident and identical with the disease and the several stages of its progress. When it is remembered that all forms of animal and vegetable life, or more properly forms of matter endowed with life, have stated periods of incubation, growth, or evolution and decline, it is very natural to infer that all diseases having living germs—contagium vivum—for their cause, will exhibit a similar succession of phenomena or definite stages of development and decline. Hence we find in the literature of our profession a close coincidence relative to the prevalence of theories favoring the existence of specific organic poisons as causes of disease, and the doctrine that diseases are specific processes having an independent and definite cause with which art can interfere but little. From this position it is but a short and almost unconscious step to the idea that disease is a positive entity, or, as Dr. Gibson, late President of the British Medical Association, termed it, a "tenant" of the human system.

* Ziemssen's Cyclopædia, Vol. I, p. 11.

A still stronger objection may be urged against making etiology a basis for the differential diagnosis of diseases, namely, the impracticability of its application at the bedside of the sick. For instance, if we concede that dysentery is a specific or infectious disease, as classed by Ziemssen, then we must separate it from entero-colitis and recto-colitis, which are capable of being produced by a variety of causes, and consequently not specific. Yet in general symptoms and morbid anatomy, or post-mortem appearances, they are the same. To maintain the distinction founded on causation, would require the recognition of an infectious and non-infectious dysentery, and as many further divisions of the latter as there are individual causes capable of producing it. This is further illustrated by a recent writer, who makes five varieties of diarrhœa in children, namely, the reflex diarrhœa of dentition, the diarrhœa of sepsis or toxæmia, of acute indigestion, of malarial infection, and from cold and damp. And although he had classed all these diarrhœas among the non-specific or non-infectious diseases, yet such as are caused by malaria and sepsis are as much entitled to the appellation of specific or infectious as is dysentery, cholera, or typhoid fever. The truth is, if we leave the field of hypothesis and consider only established facts, we shall find only a very limited number of diseases that have been ascertained to depend for their efficient cause on some specific poison or infection, or that exhibit that uniformity of development, progress, decline, and sequelæ, which would correspond with the known laws governing the development and decline of living germs. The group of eruptive fevers, syphilis, and a few others ascertained to be capable of propagation by inoculation, are all that could be properly claimed as presenting such phenomena. And even in regard to these, we know of no reliable facts showing that the germs, bacteria, or amœboid bodies, contained in the several known viruses, constitute the active ingredient in such poisons, or that they have any more effect than the liquid in which they float.

Many observers seem to forget that the mere discovery of

an organized germ in a contagious virus—a cholera evacuation, or the blood of a patient sick with some disease—does not necessarily determine whether such germ was a *cause*, a *consequence*, or a mere *coincidence* of the disease.

If we concede the fundamental proposition that diseases are alterations or morbid conditions of either function or structure, or both, in some part of the human system, then certainly etiology can never afford the basis for more than a partial classification of such diseases, simply because a very large proportion of the morbid conditions constituting disease are capable of being produced by a variety of causes.

I have been strongly impressed with the idea that if the active observers in the profession would turn their attention first to a proper study and classification of the causes of disease, it would do more to promote the progress of practical medicine and sanitary science than any other line of investigation that could be adopted. To do this successfully requires concerted and continuous observation by numerous individuals in different localities. We must have reliable records of the date of commencement of all forms of acute diseases kept continuously for a series of years. We must have equally reliable records of all appreciable conditions of the atmosphere, topography and soil, coincident in times and places with the records of disease. With such records added to the systematic examination, chemically and microscopically, of the blood and secretions of patients affected with particular forms of disease, it would be possible to so collate and compare all the facts as to separate the essential from the accidental or merely coincident, and keep clearly the distinction between the *causes* and the *products* of disease.

I can see no way to devise and prosecute these series of investigations efficiently, except by means of our medical social organizations, including the local, state, and national associations. Several years since, Dr. H. G. Bowditch, of Boston, urged the beginning of a similar line of inquiry for the then existing section of the American Medical Association, having in charge the departments of medical topography,

climatology, and epidemics. At the last two annual meetings of that Association, I have urged the same subject upon the attention of the section on Practical Medicine, and with some degree of success.

I hope the time is not distant when all the medical societies in our country will devote a large part of every meeting to the work of planning and executing well considered lines of investigation, instead of listening to mere reports of cases and papers founded on partially observed facts and fragmentary observations.

CHICAGO, ILL.

ILLUSTRATIONS OF DISEASE OF THE BRAIN.

BY A. W. M'DOWELL, M. D.

Pathologists assert that the nervous origin of the power of speech is located in the left lobe of the brain. Any important fact going to prove that assertion may be acceptable to the profession. A case in point occurred in my practice over thirty years ago; at that time I was unable to explain it.

CASE I. A young man, eighteen years of age, was plowing. The supper horn blew. While stooping down to unhitch the trace, the horse, a vicious animal, kicked. The left parietal bone was shattered and depressed to the size of a silver dollar; it was fractured through the middle of the depressed bone. The rough, ragged edges of the bone had partially torn up the membranes of the brain. Through the aperture I saw the brain pulsating distinctly; one part covered another part, denuded of the membranes. There was a free hemorrhage from the left ear. The depression of the fracture was about half an inch. I did not trephine. I drew the wound together with adhesive plaster, and covered it with a soft compress and bandage. The straps and bandage remained

on for seventeen days; then they were removed. As it was hot weather, and I much feared inflammation, he was kept on a low diet, his bowels regulated. The peculiar symptom was his total loss of speech.

The next day he was conscious; when he wished to ask for the doctor, he would place his fingers upon his pulse and point down the road. The noise he made in an effort at articulation was precisely like that of a dumb person. This symptom persisted for nine days. On the tenth day after the accident he spoke for the first time.

The sequel of the case may be of interest. He recovered perfectly; is married, and living in the neighborhood. For over thirty years I have been his family physician. Once during that time he had a severe attack of fever; his brain was affected, but not more than is usual in such cases. The depression in the skull continued for about two years; it is now almost as usual. For over two years, the right hand was affected; he could not by handling tell a rough from a smooth article; this also passed away. After thirty years, there is still a slight hesitancy in speech.

I would wish to speak of trephining. In my army life, I assisted in trepanning some patients, with gunshot wounds of the skull; they all died; some that we did not trephine, got well. This was also the experience of other army surgeons.

Case II. I was called in consultation to see a lady after confinement. She was at that time suffering from phlegmasia dolens. Two years before her confinement she had been insane, and the inmate of an asylum. During the whole period of her pregnancy she was much depressed in her spirits. When I saw her the crural veins were much distended and painful, the limbs swollen, and very white. There was a swelling in each groin, soon running into suppuration and the discharge of matter; this continued for a few days. Then there was a cough, and a discharge of identically the same matter from the lungs; this also lasted a few days.

She then became excited with wild delirium. This brain symptom occurred about ten days after my first seeing her. It gradually passed into stupor and muttering delirium.

The particular symptom I wish to call attention to was this. She would sit up in the bed and commence going around in a circle. Putting my hand upon her, she would stop, look earnestly in my face, never speak a word, and then commence revolving in an opposite direction. This continued for forty-eight hours, when death closed the scene. I wished much to examine the brain; the friends positively refused. Magendie says, after cutting into the corpora striata of pigeons, they continue to turn around until exhausted they drop dead. I think the seat of disease must have been in these bodies. Autopsy would have settled it. I much regret the refusal of friends to allow a post mortem examination.

CASE III. A jaundiced eye, does it exist only in the imagination of the poet and novelist, or is it a certain fact? My own case may interest some. I suffered from army diarrhœa. While my discharges were averaging ten a day, I also had a severe attack of jaundice. I was fairly a black fellow; my urine looked the color of ink; my body was shriveled, and when I bathed myself, the skin resembled and cracked like a piece of parchment. In this condition I looked in the glass. The question arose in my mind, "You are as yellow as I ever saw a person; can you *see* yellow also?" I was in my bedroom; white sheets for curtains to the windows, and the sun was shining brightly upon them. I looked; the curtains were of a *distinctly yellow hue.* I reclined upon the bed, and was soon asleep. In that condition I remained one hour, and then awoke. I looked again. The symptom had disappeared; it occurred only once. In my own mind I am positive a jaundiced eye is a reality.

PLUCKAMIN, SOMERSET COUNTY, NEW JERSEY.

COUNTY SOCIETIES.

BY U. H. HON, M. D.

The organization of county medical societies should be the earnest desire of every true physician. Why? For various reasons. In nearly every county may be found physicians who have become negligent in their duties. They seldom come in contact with others of the profession, and probably take no medical journals. All their desires are accomplished when they have collected their fee from the patient upon whom they practiced the old, old routine treatment of their earlier lives. They make but little progress in a life-time. They add comparatively nothing to the science of medicine. They become selfish, and forget that there are hundreds and thousands of men in the same profession, and that each one is in duty bound to contribute to the advancement of the profession; that each one, individually, forms a part of a great whole from whom the world expects to receive information in regard to the most intricate of all sciences—medicine.

The calling of the physician is second to none other. The true physician is a true Christian. He will do to others as he would have others do to him. He is honest and conscientious in his acts with his patients, and will not treat them blindly, but use his best endeavors to gain all the information possible from others on the subject.

County societies afford opportunities to many who otherwise would remain ignorant of what was going on around them, and of the improvements made in the profession. They are a medium through which *all* may be benefited, by hearing the views of others and by preparing themselves—which they are sure to do—on many subjects.

There is no one who can not spare the time to attend these societies, and if each member will only consider that it devolves upon him, just as much as upon some one else, to con-

tribute to the advancement of his society by always being present with a report of some peculiar case, or with an article on some subject, allowing others to make such comments as they think necessary, success is certain to follow; and although all may not be benefited alike, yet it is the duty of the learned to impart to the unlearned. It is consistent with the liberality of our profession.

It is necessary that, instead of being "scattered promiscuously" over the world, we be united into one great, common brotherhood, and have more *system* in our acts. In every department of nature *system* and *harmony* reign supreme.

Were the profession of medicine acting more by rule, were *each member* made to realize the *duty* devolving upon him for the maintenance and advancement of the science, and not only so but prevailed upon to cheerfully use all his influence in the various ways of which he is capable toward its proper advancement, there would shortly be such a change in the minds of the people as has never before been known in the history of medicine. The people, as a rule, do not entertain a very high appreciation for the science of medicine, yet their appreciation is probably just; for so long as we are governed by no better laws than those we have been heretofore, we can not expect much better. The high-toned quack, who has a perfect right to practice, can make impressions which are as lasting as those made by the man who has taken a regular collegiate course, and who has spent many years searching for *truth*. This state of things will continue until there is a general uprising of all who seek for advancement, and who should insist on a higher state of culture, and organize societies into which certain classes *can not be admitted*, nor even receive encouragement in any shape from any member of such societies.

Our standard of excellence is what we make it. We have the right to draw a line between good and bad, and it remains for us to say whether, for the sake of a pecuniary gain, we will step across and encourage quackery, or demand

emphatically, in the name of truth and justice, that all who want our support must first come on our side of the line.

The school teacher must have license, and must possess moral qualifications before he is allowed to teach. The lawyer, also, must have a license, and so with others we could mention. "In no trade or occupation do mankind rely on the skill of an untaught artist," yet it seems that medicine is an exception to this rule, for neither honesty, morality, ability, nor anything else is required.

This may be done away with through properly organized county medical societies. They will insure a better understanding between practitioners, and all will be benefited by such social interviews, and will be led to regard each other more and more favorably until the result will be *success* finally to the profession in general. Each one has an influence, and may use it either for good or evil; and although it is an old story that each should strive to advance himself and his profession, it is one that will bear repetition, and if each will *do his duty* in this respect we shall prevent much injury to our profession, and command a higher appreciation from the world at large.

Frequent intercourse encourages energy among all classes. Physicians who meet together often are made to see their defects, and soon conclude to "brighten up a little;" "I have become rusty on these subjects." There is a lively interest awakened in each one, and some who have been carelessly plodding along, not noticing what the profession is doing, whether advancing or receding, are at once aroused to action, and made sensible of the fact that unless they get to work they will be left behind. How earnestly we should labor for the advancement of our profession; the profession in which we have engaged our lives; the profession which has for its objects the relief of suffering and the prolongation of life.

We believe a better day is dawning. Success will finally crown the efforts of the faithful; and when we become thoroughly united, we shall make more rapid advancement.

"In union there is strength." We can put a stop to quackery, not only by refusing to extend courtesies to those who practice it, but by proving ourselves eminently superior to them.

PAOLI, IND.

CONNATE GANGRENE.

C. H. REED, M. D.

On the evening of the 19th of October, 1875, Mrs. J., an English lady, was delivered of her second child by a midwife. The child had what the women present called a "mother's mark."

In the evening of the 20th I was called to see the child, because some of the friends doubted its having a "mark," since it was, as they stated, "black all over the liver, and juice, or something, was oozing out of it, and the black spot was growing larger all the while."

I found an apparently healthy child, of average size, but on the left side, extending from about one-half inch below the crest of the ileum, upward to the eighth or seventh rib, was a patch of gangrene; the epidermis pushed off in places by the clothing, leaving a dark-colored, smooth, moist surface, which led the ladies to believe there was oozing. The diseased part was three and one-half inches long and one and one-half inch wide, convex on posterior edge, and irregularly concave on the anterior edge, the ends being nicely rounded. I found the part dressed with a soft cloth covered with tallow; ordered it continued until I could see the patient by daylight.

October 21. The diseased surface has evidently increased during the night. Ordered it covered with lint saturated with a mixture containing one drachm of solution of chlorinated soda to thirty-one drachms of water, the lint to be covered with oil silk.

October 22. No apparent change, but the nurse called attention to another slough, the size of a "nickel," on the posterior part of the left arm, opposite the insertion of the deltoid muscle. The nurse did not know whether it existed at the birth of the child or not, as the midwife had the care of it up to the present. If it had existed, however, it had been overlooked.

October 23. No change.

October 24. The slough shows signs of separating, the edges of the skin look red, and granulations are springing up. Directed a charcoal poultice. Poultices continued until October 31st, when I found the sloughs entirely separated and the surface of the sores completely covered with healthy granulations. Ordered them dressed with glycerine ointment and carbolic acid, four and a half grains of the acid to one ounce of the ointment. This dressing was continued until the part healed, which was in the eighth week, when the cicatrix had so contracted as to draw the healthy skin surrounding it into wrinkles. No medicines were given to mother or child.

Both parents appear to be in robust health, and I have no theory to advance as to the cause of the gangrene, especially since it occurred at such a point. Undoubtedly this is not the first case of gangrene occurring before birth; yet, with my limited resources for investigation, I have been unable to find a parallel case on record.

TOLEDO, O.

A CASE OF TÆNIA SOLIUM—CARBOLIC ACID SUCCESSFULLY USED.

BY ALLISON MAXWELL, M. D.

The following is the report of a case treated in the Cincinnati Hospital, when I was one of the resident physicians:

Thomas M——, forty years of age, was admitted to the Hospital March 14, 1875. For nine months the patient has been passing segments of tape-worm, and has been manifesting the symptoms usually attributed to the presence of this parasite.

Prior to his admission he had taken oil of male fern, but without effect. On the fifteenth of March two drachms of an emulsion of pumpkin seeds were directed to be given before each meal, and this treatment was continued for two weeks, but proved useless.

On the thirtieth of March, the following treatment was commenced: Two grains and a half of carbolic acid, dissolved in half a fluid ounce of water, three times a day. This treatment was continued until the tenth of April, and then the medicine was given every two hours. There were no segments of tape-worm found in his evacuations subsequent to the twenty-second of April. On the twenty-sixth, after fasting twelve hours, he was directed four doses of a mixture of pumpkin seeds and oil of male fern, in sugar and water, to be given at intervals of fifteen minutes, this to be followed in five hours by castor oil and turpentine. This treatment was directed as a test. There was not the least fragment of the worm found in the stools, and the case furnished a new illustration of the value of carbolic acid as a remedy for tænia solium.

The patient's general health was greatly improved, and he was discharged from the hospital, on the second of May, cured.

INDIANAPOLIS.

Reviews.

The Principle of Physiological Antagonism, as applied to the Treatment of the Febrile State. By R. BARTHOLOW, A. M., M. D.

Dr. Bartholow has chosen both an attractive and a practical subject for his contribution to the "Series of American Clinical Lectures." This, however, can not be called strictly a clinical production, though it is an attempt to make application of important principles and facts to the treatment of disease. Very properly he starts out with some considerations upon the general question of "Fever;" then he takes up the action of different remedies upon the system, and proceeds to show their applicability to the treatment of what he has before defined as the febrile state.

We believe that the author has started out on false or insufficient premises when he endeavors to compress the whole of the phenomena of fever into simply "increased temperature of the body," or "a state of preternatural body-heat" (page 2), and that consequently his "therapeutics" are restricted and constrained. He seems to have adopted the rather extreme views of Liebermeister on fever, though it is known they are not accepted by some eminent authorities of his own country. Fever heat is, no doubt, responsible for much of the functional and organic changes found in many febrile diseases, but certainly a bedside, or a scientific or experimental study of fever, will show that it is not responsible for all the phenomena. Experience will flatly contradict the statement (page 5) that "there is a distinct ratio between the amount of disturbance in the cerebral functions and the degree of fever heat." Who has not seen a typhoid fever patient, in one part of his disease, with a temperature of 105° F., at the same time with subsultus tendinum, delirium

more or less active, coma it may be or wakefulness, and other serious symptoms of disturbance of the nervous system; and then, at another period of the case, with the same temperature 105° F., without the presence of any of these threatening symptoms? And what clinician has not seen all of these symptoms present with a temperature of 99° or 100° F.? Often you may reduce the temperature by the action of so-called antipyretics, without producing any favorable change in the condition of the patient. All these facts point to a broader basis for a theory of fever than mere body-heat. The time has not yet arrived for the successful construction of a theory of fever.

The author next takes up the most prominent antipyretics, and considers their most marked effects, so far as they may antagonize fever. The first agent, and the most certain and powerful, is the cold bath. There is not as much explicitness of exposition here as is desirable for clinical purposes. It would seem to be too sweeping a dictum—even with the interposed qualification—to say that "it is simply a question, *cæteris paribus*, of the degree of heat and the amount of cooling necessary to abate it" (page 7). The illustration drawn from Wood does not strengthen the assertion, for it is not applicable.

The antipyretic powers of quinia, as studied by Binz and others, are given next. As a matter of historical justice, we think that the investigations of Sir John Pringle,* published in the "Philosophical Transactions" of 1750, should have received mention, in a question as to the first discovery of the antiseptic qualities of quinia, though Binz has undoubtedly extended very much our knowledge of the subject, and given it a scientific basis.

We think the full and possible antagonizing effects of quinia are not fully brought out, when they are confined to a mention of its destruction of minute organisms, its effect on protoplasm, and its hindrance of the oxidizing power of the blood. Can not some effect be reasonably attributed to its

* Practitioner, Vol. XI, p. 323.

action on the heart and nervous system? Quinia, though undoubtedly an antipyretic of great power, yet affords striking proof in its effects of the inadequacy of that theory of fever, which makes body-heat its essential condition. We often produce a prompt reduction of fever, without controlling or arresting the febrile processes, which carry the case to a fatal issue. The experience of that distinguished clinician, Clifford Allbutt, of Leeds,* may be referred to in this connection. "Sometimes it depresses the curve for a time, but the depression is followed by a bound upward which the same means can not control. * * * On the contrary, it checks the fever, while a fatal issue nevertheless seems to prove that the septic mischief may, and often does, continue unmoderated" (p. 34). Whatever the physiological antagonisms of quinia may be, as yet they do not appear equal to the control of fever to the extent suggested in this essay.

The action of digitalis is well put, though when its antagonizing influences to scarlatina are considered, we think there is obvious failure in the antithesis. One of the great dangers which patients with scarlatina incur is from acute nephritis. There is diminution in the amount of urine, of chlorides, and urea. Digitalis, by producing increased arterial tension, will increase the amount of water; but its depurating influence is counterbalanced by a diminution of the chlorides and the urea. There is, then, a homœopathic effect instead of an antipathic one. The author's position might just here have been much strengthened by some of his experience in the treatment of scarlatina by digitalis. The profession has not accepted this remedy as one of such efficacy in this disease. It would be glad to have the theory of its action supported by convincing clinical evidence.

The same may be said of digitalis in pneumonia. Notwithstanding the high authority of Franke, the remedy is not much used in the treatment of pneumonia. Its antipyretic power lies so close to its perturbating effects on heart and stomach, that it has never been thoroughly trusted.

* Practitioner, Vol. XII, p. 29.

The fallacy of selecting a few prominent points in a disease, and making them a basis of treatment by antagonizing remedies so claimed, will be apparent when we place alongside of each other those which the author has chosen from.

SCARLATINA.	PNEUMONIA.
1. Action of heart rapid.	1. Hyperæmia of part and dilated vessels.
2. Arterial tension low.	2. Exudation of fibrinous material; migration of white blood corpuscles.
3. Temperature high.	3. Elevated temperature.
4. Congestion of kidneys or acute nephritis.	4. Increased action of the heart, and lessened power; arterial tension lower.

A comparison of these tables will show that two very dissimilar diseases are brought, by this Procrustean process, into very unnatural relations. Is not the tendency of such a pathology and practice, to reduce therapeutics to an easy juxtaposition of a remedy alongside of its antipathic symptom?

Our review is growing too long. As to salicylic acid, we believe it to be one of the most reliable of antipyretics, but while we have seen its reducing effects in fever, we have at the same time, in some marked instances, observed that the disease was not at all changed. It is another instance of what has been spoken of before, viz., that reducing temperature is by no means curing or controlling febrile processes; that there must be other antagonizing influences brought to bear.

We can, in conclusion, say that we have read this paper with decided interest. It is an effort to place therapeutics on a higher plane, but the time has not yet arrived for it to be successful. We fear that hopes may be indulged in that time and experience will not sustain. W. C.

Transactions of the Pathological Society of Philadelphia. Volume V. Philadelphia: J. B. Lippincott & Co. 1876.

An admirable series of studies, being the work of a year and a half of this notable association of notable investigators.

One hundred and sixty-eight valuable pathological specimens are described, with reports of cases from which they were obtained. Almost every possible variety of diseased condition is represented, and all are well classified with a view to ready reference. Next to actual autopsies, such reports illustrate the material aspect of disease better than any other means, and should be in the hands particularly of those medical men who are debarred by circumstances from enjoying the frequent opportunity of benefit from the former.

J. G. R.

Medical Thermometry and Human Temperature. By E. C. SEGUIN, M. D. New York: William Wood & Co. 1876.

An echo of Wunderlich, in the style of Victor Hugo. Four hundred pages of epigram, which only a Frenchman can write, proving that mercury, imprisoned in a glass tube by Torricelli, and put into the axilla by Sanctorius, has become a much more useful agent than when even free, flying through space carrying the mandates of the gods themselves. The book is exhaustive of the subject, and bears evidence of enthusiastic and persistent research and observation.

In the "historic" chapter, De Haen, of Vienna, in the seventeenth century, is given the honor of being the father of Medical Thermometry; to Becquerel, of Paris, in 1835, that of establishing the "norme," 98°.6 Fahr.; and to Wunderlich lately of firmly grounding *some* laws of *ustion* in disease, after observation of over one hundred thousand cases.

In another chapter, animal heat is credited to oxidation of tissue and aliment, which process is mainly under the control of the sympathetic system of nerves. The norme is subject to diurnal oscillation—lowest in the morning, highest in the evening; it is also influenced by eating, drinking, labor, altitude, etc. "Abnormal normes" are sometimes observable. Wunderlich found "a girl who was *cold* from infancy"—97°

Fahr. Muscular activity elevates temperature, but it is a notable fact, if this force be utilized in labor, the rise is lessened, part of the heat being converted into motive force, according to the law of the correlation of forces. In regular labor, excess of heat is reduced by the cooling influence of evaporation of increased perspiration and respiration.

Brain work increases oxidation as well as muscle work, and moral strain more than anything else. Therefore be virtuous and you will be happy, in the possession of a constant norme and good health; for when the mercury goes up or down, you may expect hyperæmia and hyperpyrexia—a vital storm—as surely as the mariner the material tempest, on the indications of his barometer. Disease does exist, however, without a perturbation of general temperature, but close observation and delicate instruments will gradually greatly enlarge the list in which we may expect to find local changes in heat; for there are but few local diseases in which changes in nutrition are not essential features, and this being the case variations of oxidation—or as the author says, *ustion*—must necessarily cause some alterations of temperature.

The greater part of the book is occupied by temperature studies of nearly all the ills of flesh, and will prove valuable for reference—in fact a necessity in every library, for nothing so good is yet extant, though something more succinct would be desirable. In speaking of instruments and scales to reconcile differences, he recommends the physiological thermometer, having a centigrade scale beginning at the norme. A flat bulb is suggested for surface use, and a simple water thermometer, under the name of thermoscope, as a very delicate and quick detector.

The concluding parts are devoted to thermo-therapy and cognate subjects. The end is the self-congratulation of an old scientist on the successful attainment of his life's aim—the triumphant establishment of thermometry, as a branch of medical science, in America and the world; to use his own peculiar phraseology, reconstituting the antique unity of diagnosis around the phenomena of ustion. J. G. R.

A Treatise on the Diseases of the Nervous System. By WILLIAM A. HAMMOND, M. D., Etc.

This edition of Dr. Hammond's work is much enlarged and improved, compared with previous ones. It probably, in its present shape, is the largest general and practical treatise on the subject in any language. Its first appearance was opportune for its success, and its renewals still find the same open chances. The Reynolds' volume on the nervous system, and the outcoming volumes of the Ziemssen hand-book, are its only rivals. Hammond's book, being independent of a series, has somewhat the advantage in the matter of a selection by a physician as an office work.

One may look at a renewed edition of a book from two points of view: First, as to how it stands with reference to the advanced art and science of the department since its last issue; and, second, as to the growth and experience of the author himself in relation to the multitude of subjects discussed. Principally by the author's collection and collation of the ever rapidly developing material in the range of diseases of the nervous system, there is a great increase in the amount of subject-matter in this edition. The work may be said to give us an exposition of the most recent researches of the industrious and advanced workers, with here and there a dissent from, or enlargement of their views. Dr. Hammond has an excellent style of elucidation, and shows off to good advantage in the development of his own and others' views. There are considerable changes in some of the old chapters. The one on "Congestion of the Brain," in the earlier edition, enumerated three varieties; in the present edition we have six subdivisions, so that here we have important variations, and yet we doubt whether they are for the best. If every important symptom of the disease is to be made the basis of a classification, there can scarcely be an end to varieties. Such an arrangement multiplies confusion. Aphasia may be a result of congestion, but it would represent a limited lesion only, and would not be comprehensive enough for a special clinical form.

The chapter on "Cerebral Hemorrhage" is more satisfactory than the original one, and yet there are omissions of topics that are important in the present aspect of cerebral pathology and diagnosis. In speaking of hereditary tendencies in such cases, no notice is taken of what Hughlings Jackson has said in reference to the participation of arterial lesions in hemorrhage of the brain, as proving that the tendency to disease is not in the nervous tissues, but in the arterial system. In these days of active discussion of "cerebral localizations," and consequent efforts as to more precise diagnoses, it would have been well to have given the more important facts as to the distribution of the arteries to the different localities of the brain, given by Duret and Heubner. The localities of hemorrhage are given in more detail than in the early editions, but yet no mention is made of the more precise localizations, with their symptomatology, given by Charcot, Veyssiere, Magnan, etc.

Much additional matter has been made to the chapter on "Chronic Cerebral Meningitis." The early one comprises three, this one thirty pages. We believe that the division into "chronic verticular meningitis" and "chronic basilar meningitis," is one that may be frequently sustained at the bedside.

Passing on to diseases of the spinal cord, we have the addition of about one hundred pages, which probably represent the present status of our knowledge of this department. The views of recent German and French workers find a fair expression here. The class of cerebro-spinal diseases is increased by the addition of three subdivisions—of which exophthalmic goitre is one—a classification which may be objected to. The generalization of "anapliratic paralysis" would seem to be a convenient one, as it groups a number of affections having the common root of a too frequent and injurious use of certain groups of muscles.

It was well to bring in the increasingly interesting subjects which have been added to the section on "Diseases of the Peripheral Nervous System." It brings into view most of the

suggestive and practical views of Weir Mitchell, to which high credit is given.

Lastly, we have probably the least satisfactory section, that on "Tonic Diseases of the Nervous System," unsatisfactory because of the doubtful propriety of its introduction here, and partly because of the imperfect treatment the subjects receive. Much of interest in alcohol is omitted, both in its scientific relations to the subject and in the practical aspect. We think, finally, in the way of embodiment of much that is directly related to subjects treated throughout the book, there should have been a section on the sympathetic system. It would take much time to go into the therapeutical portion of the work. A change in practice is apparent in places, but the characteristic and overfelt confidence in remedies is apparent in this as in the first edition. We note a revival of trust in some things, such as methods of counter-irritation, which betoken better observation. As a whole, the book has had, and will yet have, its successes. There is a place and demand for such a book.

Extra-Uterine Pregnancy—Its Causes, Species, Pathological Anatomy, Clinical History, Diagnosis, Prognosis, and Treatment. By JOHN S. PARRY, M. D., Obstetrician to the Philadelphia Hospital, Etc. Philadelphia: Henry C. Lea, 1876.

No where in the United States is obstetricy more faithfully studied than in Philadelphia. It is proper that a city rendered illustrious in this department of medicine by the teaching, oral and printed, of James, Dewees, Hodge, Meigs, and Warrington, should continue to be foremost; not only does its profession preserve its inherited fame, but adds new trophies by diligent study of the past, and faithful observation of the present. New York, with her Sims, her Emmet, Thomas, Peaslee, and Barker, may claim the scepter in the department of diseases of women, but the throne of

obstetrics is in Philadelphia; and there it has been for nearly a century, and there it will be for a century to come, if those who are now working in it should continue faithful to the end, and shall be succeeded, from generation to generation, by a race of like indefatigable and scholarly laborers.

There was need for just such a book as Dr. Parry has written; he himself was a representative of the younger men devoted to obstetric study, worthy successors of Meigs and Hodge. Alas! that he should have been removed so soon by the inexorable power of death.

A detailed examination of the book we do not propose. It is rich in a department of study in which American physicians have shown no especial excellence—that of statistics. From such study important conclusions are deduced, some of them, indeed, unexpected conclusions. If there were nothing but the collection of cases made, independent of their searching analysis, and the practical rules drawn from them, the book would be of great value to every student of obstetrics; but with such analysis and rules, it becomes almost an essential in the educated physician's library.

The Student's Guide to the Practice of Midwifery. By D. LLOYD ROBERTS, M. D. Philadelphia: Lindsay & Blakiston, 1876.

This is a condensed manual of midwifery, which will be very acceptable to students, and may be of occasional use to the physician in active practice, when too much hurried in an emergency to consult a larger volume.

Clinic of the Month.

EVACUATION OF THE UTERUS AFTER ABORTION.—Professor Alexander R. Simpson, in an interesting paper upon this subject, in the Edinburgh Medical Journal, May, 1876, rejects the use of instruments, and very sensibly urges the importance of using the fingers for intra-uterine work in securing complete delivery. He speaks as follows in regard to the methods of operating:

To begin with, the patient should, as a rule, be anæsthetized. The manipulations necessary to secure a satisfactory result cause suffering, though not to a great degree, which we can always save the patient by bringing her under the influence of chloroform. And at the same time that her sense of pain is abolished, her voluntary muscles are completely relaxed, and it becomes easy for the practitioner to press down the uterus through the abdominal parietes. I have often found myself baffled in the effort to reach the fundus uteri in such a patient until I had chloroformed her; for, however willing the woman may be to further your efforts for her delivery, involuntarily she contracts the recti abdominis when you make pressure on the hypogastrium, or withdraws herself when you press the other hand against the perinæum. The patient, then, having been anæsthetized, we may render the uterine cavity accessible to the exploring finger in one or other of two different ways.

First. We can push down the fundus uteri from above. The patient may lie either supine or in the ordinary obstetric position on her left side, with the knees drawn up; most frequently the right hand will be used for internal manipulation, while the left is applied to the abdominal surface. It

rarely suffices to pass one finger alone into the vagina. In most cases the index and middle fingers are passed into the vagina, and while the middle finger is folded in the fornix to steady the uterus there, the forefinger is passed through the cervix. Or the middle finger can sometimes be more satisfactorily employed for the intra-uterine digitation, or, better still, both fingers may be passed into the uterine cavity. In the last case it may become necessary to have the other two fingers carried into the canal of the vagina, the thumb alone remaining external to the vulva. It is usually only in patients who have miscarried at the fourth month, or beyond it, that the hand requires to enter so far for the separation of the placenta, and then the vaginal cavity is relaxed and roomy enough easily to permit of it. Whilst the fingers of the right hand are thus seeking their way up to the recesses of the uterus, the left hand, applied above the brim of the pelvis, is pressing the uterus forcibly and steadily downwards into the pelvic cavity. In this way, in the great proportion of cases, we obtain perfect command of the uterine contents. The fingers of the two hands recognize each other through the double thickness of the abdominal and uterine parietes; and while the left hand keeps the fundus fixed firmly downwards, the forefinger of the right peels off the adherent mass and forces it through the cervical canal. In the great proportion of cases, I repeat, we can in this manner compel the evacuation of the uterus, and when it fails us our resources are not yet at an end; for,

Second. We can drag down the cervix from below. The first is the method that has most frequently been employed, and it has this in favor of its common employment that abortions are more frequent in multigravid than in primigravid women; in women, therefore, in whom there is usually a degree of abdominal relaxation, which greatly favors its execution. But where the walls are more resistant, or the patient is so fat that the combined external and internal manipulation fail us, then we must seize one or other of the lips of the uterus—usually the anterior—with a volsellum, double or

triple-pronged, and slightly curved. One of the blades grasps the vaginal aspect of the front wall of the cervix as high up as the roof of the vagina, the other at a corresponding level within the cervical canal. The uterus is capable of being dragged far down without any injury to its ligaments or laceration in the bite of the volsellum. It may be pulled down with the right hand and kept fixed with it, whilst the fingers of the left pass into the cavity and explore and evacuate it. Or the volsellum may be held in the left hand, or given to an assistant, to keep the uterus depressed, whilst the more familiar right-hand fingers do the intra-uterine work. The cavity of the uterus is thus brought within full reach of the fingers, and we can—and in all those cases of imperfect delivery in the early months we ought to—control the emptying of the cavity from fundus to os.

Whilst the method of gaining access to the interior of the uterus by pressing it down from above is that which has hitherto been ordinarily followed, my own experience leads me to expect that this second method, which I have just described, will largely supersede it. For, first, it is applicable in all cases where the other can be employed, and in some where the rival method is not available. Second, it is less painful, and may be carried out occasionally when there is not time for the administration of an anæsthetic. Third, it saves the expenditure of muscular power demanded of the practitioner, who presses and keeps the uterus pressed down from above only by overcoming the resistance of the abdominal walls. The one circumstance that will enable the bimanual method to hold its ground is, that we may find ourselves called on to clear out the uterus at a time when we have no volsellum at command, whilst our hands we always carry about with us.

Chloral by Rectal Injection in the Convulsions of Infants.—At the *Société de Médecine*, of Paris, a communication was made by M. Polaillan advocating the use of a solution of chloral injected into the rectum, in the treatment of the convulsions of infants, and giving cases illustrating its

value. Other members confirmed the reporter's advocacy. Voisin and Lunier urged the treatment not only for its immediate benefit, but also for the prevention of future epilepsy, which is one of the possibilities to those attacked with convulsions in infancy.

EVIDENCES OF PLEURISY AND THE QUANTITY OF EFFUSION. Bouilly, concluding an elaborate paper, *Archives Générales*, May, 1876, entitled Researches upon the Relations which exist between the Signs of Pleurisy and the Quantity of Effusion, observes: It is easy to fall into error, and it is impossible to decide from one patient as to another; and even sometimes in the same patient and with the same signs, paracentesis at different times will give exit to very different quantities of fluid. What, then, in practice are the signs in which we can repose the most confidence for the diagnosis of effusion and its quantity? Are all necessary? What ones may be absent, and still an effusion be affirmed? At the outset, let us say that we have more confidence in the results furnished by a surgical examination than we have in those derived from auscultation.

First. *Percussion.—Flatness*—This is a sign of the first importance. These are the characters we assign pleural flatness.

a. It should be hard, absolute, with complete loss of elasticity, a painful sensation of the percussed finger, in order that we may affirm an effusion.

b. To permit us to assert that the effusion is large, this flatness, with the characters just mentioned, should extend to the anterior portion of the chest, and the nearer it is to the clavicle the more abundant the effusion.

c. A fact resulting from our observation, and which we have frequently remarked, is that even when the flatness does not extend high posteriorly or laterally, if it is found in front we can be positive in affirming a considerable effusion.

Second. *Palpation.*—We group in order, according to the value we give them, the signs furnished by palpation.

a. Thoracic Vibrations.—In almost every case, if not all,

they are diminished. But their simple diminution, since it may occur in many conditions, does not permit us to affirm an effusion. But their complete absence not only authorizes us to declare an effusion, but an abundant effusion.

b. Sensation of fullness, of tension on the affected side.—Great importance is to be attributed to this sign in determining the quantity of liquid effused. Let the palm of the hand be applied to the side of the chest, and if the entire side or its base is found as if full, resisting, tense, unyielding to pressure, as if the chest wall were formed of a hard, solid body, it is an evidence of large effusion.

c. Displacement of neighboring organs.—*Liver*—We accord no importance to descent of the liver unless it coincides with flatness of the anterior portion of the thorax. *Heart.*—Its displacement is important in pleurisies of the left side, but this importance is lost when we remember that almost invariably in these cases the flatness arising from the liquid is in front, and it increases the precordial flatness, and thus constitutes an important sign of the presence of liquid.

Third. *Inspection.*—*a. Effacement of intercostal spaces.*—Not apparent unless in patients who have little *embonpoint.*

b. Dilatation of the Thorax.—Rarely appreciable by the eye upon the entire side of the thorax. We accord a much greater value to the *arching* localized in a region of the thorax; it indicates an encysted effusion at the point it is found, or else an abundant effusion. It is thus we have seen the *arching* especially pronounced, either at the postero-lateral or at the anterior region of the thorax, coincide with an effusion occupying especially one or the other of these parts, and we have frequently observed effacement of the costovertebral depression in cases of large effusion at the ordinary seat, that is to say at the posterior part of the thorax. This effacement has, in our opinion, great value, so much greater, indeed, as it is very easy to be ascertained by comparison with the sound side.

Fourth. *Mensuration.*—Simple mensuration has but little value. Evidently when it indicates enlargement of one side

of the thorax, it is one sign more to be added to others; but considered by itself, it is of slight importance. We have not sufficiently often practiced *cyrtometric* measurement to express an opinion of its value in these cases.

Results furnished by Auscultation.—In almost every case of pleurisy with effusion, a *souffle* and *ægophony*, either general or limited to a particular part, will be found.

a. Souffle.—From its presence in the most of cases, it is valuable as a sign of effusion, but it furnishes no indication as to the quantity.

b. Ægophony.—About the same can be said of this. While it is a good sign of pleural effusion, it is not heard exclusively where the effusion is small, but also where it is large.

c. Absolute silence.—This is the sign we consider the most important furnished by auscultation, for the appreciation of the quantity of liquid. When it coincides with flatness in a corresponding extent, with a sensation to the hand of tension, of fullness on that side of the chest, we may fearlessly assert a large, most frequently, indeed, a very large effusion.

Here, then, are comprised the signs of pleurisy with effusion. After having performed many *thoracenteses*, after having made and seen others make many mistakes, it is by attributing to these signs their real value, we have often succeeded in diagnosing accurately the presence and the quantity of an effusion.

Benign Tumors of the Breast and their Treatment.—Quite a valuable work* by Leon Labbé and Paul Coyne, upon these tumors, has recently been published, and the following are the conclusions presented after a thorough and complete study of the subject:

First. There is found in the breast a group of tumors which may be designated as *benign*. This benignity which they all present is due to this special anatomical fact, that

* *Traité des Tumeurs Benignes du Sein.* Paris, 1876.

they are distinctly limited by a fibrous capsule which isolates them from the rest of the gland and surrounding tissues.

Second. All these tumors derive their origin from the glandular elements, viz., the periacinal tissue, or from the epithelial lining. The anatomical forms under which they chiefly occur are four:—three, *fibroma*, *sarcoma* and *myxoma*, depend upon the connective tissue; only one originates in the epithelial lining, *intra-camalicular epithelioma.*

Third. All these tumors are benign compared with cancer; but the degree of benignity varies in certain given conditions. Those depending upon the connective tissue are benign in the absolute sense of the word. They do not occur again in the immense majority of cases, except as a consequence of incomplete removal. Those which originate in the epithelial tissue are not malignant, unless they have destroyed their fibrous investment.

Fourth. A great number of symptoms are common to them all. Nevertheless, it is now possible to assign to each symptomatic characters permitting a clinical differentiation; and although the results so far obtained are not numerous, yet the time can be foreseen when this can be completed.

Fifth. The pathological anatomy of benign mammary tumors demonstrates that simple *enucleation* of the growth is generally an incomplete operation; for the lesions, arrived at their highest development in the tumor itself, are already in process of development in the adjoining glandular tissue. Therefore, in order to make a *complete operation*, it is necessary to pass the limits of the tumor, and perform *partial amputation.*

Sixth. This rule, which may be followed in a distinctly circumscribed tumor, *fibroma*, will not answer when the tumor is very large and of rapid development, *sarcoma*, *myxoma;* then it is necessary to make a complete amputation of the breast.

In discussing the medical means which have been vaunted in the treatment of mammary tumors—such as iodide of potassium, mercury, conium, local depletion, etc.—the authors

say that their study leads them to believe that these are powerless to cure, often powerless to alleviate. They also reject the *broiement* of Malgaigne, and the subcutaneous incisions of Marshall Hall, as altogether exceptional means. The *irritant interstitial injections* of Luton have not yet had enough in their favor to establish them in professional confidence. *Compression* may possibly be tried if the tumor be small and quite recent, but it ought at once to be rejected if absorption is delayed for a length of time. *Cauterization* is not a guarantee against erysipelas, nor always against hemorrhage; it is a long, painful process, sacrifices a large amount of the skin, and leaves an extensive surface for slow cicatrization. The *linear écrasement* of Chassaignac is a long, and, may be, an incomplete operation. The *elastic ligature*, due to Sylvestri of Padua, and used by Dittel of Vienna, Thompson of London, and others, is frequently attended with severe and long-continued pain. They reject, also, the *galvanocautery*, but without giving any reason for the rejection.

The removal with the bistoury is given, of course, the decided preference. After faithfully trying, in the operation and in the after-treatment, Lister's method, they did not find any indemnification for the tedious, minute, and protracted labor and care this method requires, by a more rapid cure.

Treatment of Severe Sprains.—Mr. Gamgee, Lancet, April 20, writes as follows upon the treatment of severe sprains:

"Severe sprains are often serious fractures, though no bone be broken, or only a bit may be chipped off; the ligaments and fasciæ are ruptured, blood being extravasated into the joints, into the sheaths of tendons, and for some distance not infrequently between the layers of muscles. The swelling is great, the pain intense. The orthodox treatment by leeches and fomentations is valueless, compared with circular compression and perfect immobilization."*

*On the Treatment of Fractures of the Limbs, by Sampson Gamgee. London: Churchill, 1871, p. 152-3.

Personal experience only adds strength to this opinion, and yet the orthodox antiphlogistic treatment continues to find favor with authorities. To quote one of the most recent and distinguished: "As to severe sprains, at first, while the active state of effusion is present, antiphlogistic measures are necessary. Where it is grateful to the patient, the sedulous application of ice-bags is, I think, the best; but if this is not tolerated, leeches, followed by warm fomentations or evaporating lotions, or irrigation with spirit and water, will best check the tendency to effusion. As soon as the patient can bear it, equable pressure by strapping and bandage or by splints, with perfect rest, should be adopted."* Not only can the patient bear well-applied pressure from the first, however great the swelling and acute the pain, but it may be laid down as a general proposition, to which I have never seen an exception, that, in severe sprains, effusion is most surely checked, and, once it has occurred, its absorption is most rapidly promoted, while pain is most effectually relieved, by pressure and immobilization. It is as true now as when Velpeau taught it, that "compression is the sovereign resolvent in contusions with infiltration and swelling."†

By way of illustration, I may briefly relate the progress of a case in which I was consulted by my friend and colleague, Mr. John Clay. His patient, an elderly gentleman, had recently sprained his right ankle in going over a plowed field. As he had a policy in one of the accidental insurance companies, its medical officer saw the case, and he advised an incision to give vent to matter, which he thought had formed in the center of the swelling. In this advice he was sustained by a hospital surgeon, who was additionally called in on behalf of the company. Mr. Clay, dissenting, invited my attendance. I found the right ankle hot and exquisitely painful. It was so much swollen that its circumference over

* A Treatise on Surgery, by T. Holmes. London, 1875, p. 257.

† "Le résolutif par excellence dans les contusions, avec infiltration et gonflement, c'est la compression." Velpeau, Leçons Orales de Clinique Chirurgicale: Bruxelles, 1841, p. 428.

the heel exceeded that of the corresponding sound joint by nearly an inch and a half. The skin on the outer side of the ankle was especially hot, red, tense, and shining; palpation in this situation communicated a feeling of elasticity closely simulating, but not amounting to, fluctuation. With Mr. Clay's concurrence and assistance I enveloped the limb from the toes to the knee in fine cotton wool, applied well-molded pasteboard splints on each side, bandaged with methodically uniform compression, and starched the outside. A second consultation was held in the course of three days, when I found the patient very much easier. He had had a good night's rest and had been able to turn over in bed, and could bear the limb lifted and put down again without pain. On opening the apparatus in front, I found the swelling had considerably decreased; the previously red skin was yellowish and shriveled like the skin of a late russet apple, not looking, as at my first visit, like the red shining skin of a prime Blenheim. That shriveled look is always a good sign. I pared the edges of the case, and readjusted with firm pressure. Three days later more shrinking was met by fresh paring, and still firmer bandaging. At a consultation held a fortnight after the first, the patient was perfectly easy. No one thought any more about puncturing in search of matter. The insurance company compromised the affair by paying down a substantial sum of money, and I replaced the pasteboard apparatus by strapping the joint with emplastrum elemi spread on leather, and a Churton's bandage applied with smooth firmness. When I last saw the patient with Mr. Clay, he was walking about his garden with a stick; the plaster had been very properly removed, and the swelling had subsided, the only difficulty to locomotion being stiffness of the joint. I cracked the adhesions by using the requisite amount of well-applied force, and we concurred in advising free use of the joint. In a note which I received from my colleague, seven weeks after our first consultation, he wrote: "Our patient is progressing very satisfactorily; he comes to business every day, walks about a good deal, and does not

require surgical supervision." The case is a typical illustration of the proposition that severe sprains require immediate compression and absolute immobilization.

MORPHIA DISEASE.—The vast abuse of narcotics in modern society is becoming a serious evil. There is no denying the fact that in countries where no administrative control of chemist shops exists, as in England and America, the public has too easy access to such drugs. The report of the medical officer to the Privy Council on the use of laudanum in the industrial districts of England, for the purpose of keeping infants quiet, startled its readers some years ago. It is not long since a political weekly contemporary boldly contended that chloral was to be found in the workboxes and baskets of nearly every lady in the West End, "to calm her nerves." Chloral punch had become an "institution" in the drinking saloons of New York scarcely a year after its introduction into medical practice. Now we hear from sober, orderly, and paternally-ruled Germany, that there is such a thing as morphia disease spreading amongst its population. The easy application of subcutaneous injection, left to the patients themselves or their attendants, by indulgent practitioners, has proved so tempting to persons afflicted with bodily or mental pain, that they have taken to habitually practicing them; and, of course, as in the case of the continued and uncontrolled internal use of opium, alcohol, or chloral, the effect soon becoming weaker, the dose has been increased; and in some cases related by the physician of the private maison de santé at Berlin, in the *Klin. Wochenschrift*, reached the amount of from twelve to sixteen grains per diem. The symptoms seemed to be very much like those of opium-eating. One lady took to morphia injections, after she had become acquainted with their effect in an attack of gall-stone colic, during the French war, when the anxiety about her male relations in the field weighed too heavily on her mind to stand the mental stress. After she had practiced the soothing operation four years, her face showed a greyish-leaden hue, the

pupils became the size of a pin's head, and her monthly periods had ceased, though she was only thirty-three years old and married. Violent shiverings after the type of tertian fever, hyperæsthesia and neuralgia, dislike for meat diet, great weakness, inability to pursue any continued occupation, existed, with unimpaired intellect and memory, in the well educated and clever patient. She was cured in the space of four weeks by gradual deprivation of the drug. Her catamenia returned in ten days. If patients subject to this kind of disease become aware of their state, they are apt to change it into alcoholism. The wife of a medical man, who saw in a book on materia medica that alcohol was considered an antidote for morphia, became a confirmed drunkard. The author observed four similar cases. In two other cases the patients committed suicide, and two died from marasmus. These last four had refused medical treatment.

The task of the physician seems to be always a very difficult one, as it is impossible to wean these persons from their habit unless they are treated like prisoners, searched before admission to the hospital or sick room, put under the guard of attendants inaccessible to bribery, and cut off from all communication with the outer world before the critical time has passed. The most highly educated and otherwise respectable will tell any amount of lies and perjure themselves to procure the accustomed poison. Like dipsomania and opium-eating, the morphia disease degrades the moral character. Twelve hours after the stoppage of the morphia injections a severe collapse generally ensues, and it is advisable to keep the patient for a week in bed. Wine and ammonia may be given, the latter injected, but alcoholic stimulants are, for the reason stated, to be used sparingly. Wild excitement and depression follow in alternation. The tepid bath, with or without cold affusion, a mild, generous diet, and an occasional dose of chloral, will be useful. Generally, after some days, diarrhœa of a critical character sets in and lasts from a week to a fortnight, without requiring any remedy but two or three warm water enemata during the day. Uncontrollable vomit-

ing may necessitate nutrition by means of an enema. If no diarrhœa makes its appearance, and the usual behavior and cheerfulness of the patient remain unaltered, the physician can be sure that he has been able to partake of morphia in secret. Experience seems to make it advisable to deprive people suffering from this disease at once and entirely of the drug. Their willfulness and liability to relapses are, however, so great that only about twenty-five per cent. have been seen to recover in a large series of cases. The moral treatment, by urging them early to some kind of steady work, is particularly to be insisted upon. (Lancet.)

Frequency of Ruptured Perinæum.—The following remarks of Dr. Hunter McGuire, Virginia Medical Monthly, May, 1876, are fully endorsed. Similar views we have held and expressed for some years. We remember hearing a physician, who had attended probably a thousand cases of labor, assert that he had never had a lacerated perinæum, but we simply believed him mistaken:

In regard to lacerated perinæum, Dr. McGuire thinks the accident occurs more frequently than physicians are aware. Slight lacerations generally heal of themselves, and their occurrence indeed is often only accidentally discovered while making vaginal examinations for uterine or other intra-vaginal troubles. Perinæal laceration is looked upon by authorities as a very frequent cause of prolapsus uteri; but he does not believe either in the fact or the theory. Specialists must discover some cause for the prolapsus when patients come to them, and they are almost sure to find some evidence of a slight laceration in most of the child-bearing women that they examine. Prolapsus is rarely due to a lacerated perinæum, unless in those few instances where the perinæum has suffered extensive rupture that has not been attended to. He thinks, also, that both the practice and theory of "supporting the perinæum," as taught to students, not only useless, but fraught with danger, so far as perinæal rupture is concerned. Certain it is, that the largest number of lacerated

perinæi that he has met with in his own obstetric practice, or that have come to him for surgical treatment, occurred in those very women in whom the perinæum had been "supported."

THE TREATMENT OF ENURESIS.—Dr. Ludwig Fleischmann speaks in very high terms of the results of the treatment of incontinence of urine in children by faradization, of which he has made trial in a large number of cases. One pole of the battery is introduced into the rectum in boys, or the vagina in girls, and the other is applied over the pubes. A very gentle current is used at first, and it is employed every second or third day. It has been found that the attempt to apply electricity more directly to the neck of the bladder by introducing a sound into the urethra does injury by the production of cystitis. Dr. Fleischmann's patients all received benefit from the treatment, and some were cured after only three or four sittings. He finds, however, that all varieties of the complaint are not equally suitable for the method. It is more especially advantageous for those cases in which the fault is due to weakness of the sphincter, and particularly those in which there is incontinence by day as well as by night. When the complaint appears to be due to excessive irritability of the neck of the bladder, without any muscular weakness, the patients receive some benefit, but are more liable to relapse. More permanent good is then obtained by the use of belladonna. (*Oesterrisch. Jahrb. für Pædiat.*)

PREGNANCY AND DISEASES OF THE HEART.—An interesting monograph* upon this subject by Dr. Berthiot has recently been issued, and the following are Dr. B.'s conclusions after a careful study of the subject: Pregnancy, in consequence of its effects upon the circulatory system, has an injurious influence upon diseases of the heart. Reciprocally, cardiac disease interferes with the normal course of gestation, and often causes either abortion or premature delivery; and

* *Grossesse et Maladies du Cœur.* Paris, 1876.

these are the practical results. First, a woman laboring under cardiac disease ought not to be exposed to pregnancy. Second, the physician ought to discourage marriage in such a case. Third, auscultation of the heart should be done in pregnancy; and should a lesion of this organ be detected, the accidents consequent upon it may be foreseen, and proper precautions taken. Fourth, should the subject of cardiac disease have the good fortune to have a favorable termination of pregnancy, she should not nurse her infant. Fifth, as a final resort, the physician is justifiable in effecting premature delivery.

Subcutaneous Injection of Ether in Post Partum Hemorrhage.—Professor Hecker, of Munich, has used ether thus with success, and strongly recommends it. Dr. A. V. Macan, Dublin Journal, May, 1876, reports a case illustrating the value of the treatment, and gives the following directions:

With regard to the subcutaneous injection of ether, there are one or two things which require further explanation. The first is the quantity to be used. This depends entirely on the patient's pulse. Professor Hecker frequently injects fifteen syringefuls (about four drachms) from three to five at a time, at short intervals. The injection may require to be repeated, as the effect is very transitory. The part most suitable is the loose abdominal walls, but the gluteal region is easier got at if the woman has on a binder. The only thing to be attended to in making the injection is to pass the syringe deep enough; if you fail to do this, you will probably have troublesome abscess. Prof. V. Hecker has never seen an abscess formed at the seat of the injection. The injection itself is rather painful, but this is of little moment if his statement be true, that it will in many cases render transfusion unnecessary; even if not quite so efficacious, it is at all events free from danger, and can be carried out without any assistance or complicated apparatus. Its use need not at all be confined to cases of post partum hemorrhage. I have myself since used it in accidental hemorrhage, where it

enabled me to deliver at once, though the patient had been pulseless for more than an hour. I have also used it in puerperal fever, but without permanent benefit, though the pulse, which could not be felt before the injection, returned almost immediately; also in a case of rupture of the uterus, where, I think, it prolonged life.

Atropia Poisoning Successfully Treated by Morphia. Hedler gives the case of a child, a year and a half old, who drank a weak solution of the sulphate of atropia; taking something less than .03 grammes of atrop. sulph. (*Berl. Klin. Wochenschr.*, 1875, and *Centralblatt*, No. 12, 1876). The first symptoms of poisoning showed themselves after four hours, by slight convulsive movements of the extremities, acceleration of pulse and breathing, and dysphagia. In spite of the internal administration of 0.01 grammes of morphia, the symptoms rose to an alarming height. The twitchings, which were at first few and weak, passed into violent tonic and clonic spasms; the pulse became too fast to be counted, and hallucinations set in. There was now injected subcutaneously two doses of .005 grammes of morphia almost consecutively. The result was brilliant; the child soon fell into a sleep lasting till morning; and although for two days there was slight evidences of poisoning by atropine, the child was then in its normal healthy condition. The morphia had left no bad results. The pupils, during the whole period of poisoning, were only dilated to one-half—an observation in harmony with the fact that in very young children a full dilatation of the pupil can not be obtained by atropia. (Dublin Medical Journal.)

The most Favorable Age for Operating in Hare Lip. Mons. Marc See, in a report to the Surgical Society of Paris, stated his conviction that in simple cases the operation should be performed as soon as possible; in complicated cases it is better to wait five or six weeks. He employs metallic sutures, but is not quite decided whether they are best.

Notes and Queries.

RUSH'S LECTURES.—We have recently had the good fortune to receive from a grateful patient three manuscript volumes of lectures delivered by the illustrious Rush. Some loose notes found in one of the volumes, probably in Dr. Rush's writing, occupied chiefly with remarks upon fever and consumption, contain beside some references to excise laws, trial by jury, etc., and bear the date of 1791.

The lectures are not merely upon the principles and practice of medicine, but also upon diseases of children, of women, of negroes, those incident to old age, upon many surgical diseases and injuries, and finally upon those diseases mentioned in the Old and New Testament.

In looking over this treasure, while we have found here and there not a little amusement in the odd descriptions of some diseases and their treatment, we have been more than ever impressed with the range of the author's knowledge, the originality and clearness of his thought, the vigor of his expression, his profound piety, and his clear recognition of some of the most important relations of the mind to the body.

We propose giving a few extracts from these volumes, reserving others that have also especially interested us—we hope our readers will participate this interest—for a future number of the Practitioner.

Spina Bifida.—This is an incurable disease. I have heard of one case in London being cured by caustic. The best remedy, though fatal in the end, is to send to a patient afflicted with this disease a physician who is entirely unacquainted with it, and he will be sure to open it.

Worms.—The following is the fearful array of symptoms arising in adults and children, given under this head: Headache, apoplexy, lethargy, convulsions, grinding the teeth, shrieks, tetanus, starting in the sleep, an effort to swallow, dry cough, obtuse pain in the side, frothy expectoration, and low unequal pulse counterfeiting pleurisy, orthopnœa singultus, cardialgia, vomiting, colic from the worms getting into knots in the act of generation (Dr. Brown, of Jamaica, has given us facts of this kind—he opened a child who died from this colic, and found the worms in knots, and on further examination copulating); diarrhœa, a sudden rising to go to stool, cholera or costiveness, slimy stools, night sweats, lying much on the belly, sour breath, flushing of one cheek, itching of the nose, an inordinate appetite, swelling of the alæ nasi and upper lip, and lastly atrophy. Dr. Home says he has found a swelling of the alæ nasi and of the upper lip, to be a constant attendant and pathognomonic sign. I have chiefly relied on the discharge of one or more worms as pathognomonic.

Pains of Parturition.—How prophetic are the last words of the following extract, and how certainly has the prophecy been fulfilled in the grand discoveries of Wells and of Simpson! May not the pains of parturition be obviated? Is pain necessary to the expulsion of the fetus? No; like spasm in fever, it is only a concomitant circumstance of pregnancy. What would be the effect of suspending the sensibility of the system by large doses of opium, and thus producing direct debility? I expect the time will arrive when this discovery will be made.

Signs of Pregnancy.—In connection with these signs, Dr. Rush makes the following statement: I know a lady who is made acquainted with her conception by a great desire to steal. She has borne several children, and with all of them this symptom has been invariable.

Original Remedy for Menorrhagia.—We question whether the following treatment for menorrhagia was practiced by any one beside Dr. Rush: Flour has often succeeded. I first

became acquainted with it by accident. I was called to a woman in this disease, and on entering the room I observed a barrel of flour; the thought struck me, and I ordered a hat full to be thrown on the parts, which succeeded. The flour acted, I suppose, by absorbing the watery parts, and leaving the coagulable lymph to stop the orifices of the bleeding arteries.

Diseases Necessary to Human Happiness.—The fifth of these lectures—there are fifty-nine in all, and with this extract we take leave, for the present, of these interesting volumes—commences as follows:

Diseases are necessary to human happiness, as—

First. They incite us to the study of anatomy and of natural history, from which we acquire new insight into the power of our Creator, and new reasons for adoring His goodness.

Second. They stir us up into an inquiry into the operations of nature, in the animal, vegetable, and mineral kingdoms.

Third. By giving rise to a spirit of inquiry, they cultivate and invigorate the powers of the mind.

Fourth. They alone create that charity which endureth forever, and which has established hospitals, alms-houses, and dispensaries—those altars of benevolence.

Fifth. Without them health would be insipid, for as darkness gives charms to light, so diseases are necessary to impart pleasure to health.

Sixth. They render the passage from life to death more easy, and less terrible and distressing to survivors.

Seventh. They improve the disposition of man to virtue, and thence promote human happiness.

Hence we see the dignity of our profession. We are told to look up and admire the Supreme Director of Events in all things, being confident that

> "All partial evil 's universal good,
> All discord harmony when understood."

We must append to these wise words of Rush, upon one of the gravest and saddest problems which from age to age

has occupied the thoughts of philanthropist, philosopher and physician, a brief extract from St. George Mivart's *Lessons from Nature*, as indicating the views upon this subject of one of the best thinkers of our day: Granted a *Deus unus et remunerator*, together with this immortality, and it becomes really conceivable that the sufferings of this life may be hereafter looked upon by us as truly blessings in disguise. Indeed, paradoxical as the question may sound, it may be asked, Could we, even apart from these beliefs, afford to lose pain and suffering altogether? All that is most admirable and beautiful in human life and character would be lost were there no opportunities or occasions for generous self-denial, loving pity, tender compassion, and ardent philanthropic work.

INDIANA STATE MEDICAL SOCIETY.—TWENTY-SIXTH ANNUAL MEETING.—This meeting was held at Indianapolis, May 16th and 17th, and was one of great interest. Dr. J. H. Helm, of Peru, was President, and delivered an able address upon State Medicine.

Papers were read by Dr. W. Hobbs, on Counter-Injuries of the Pelvis; by Dr. L. D. Waterman, on Lithotomy; by Dr. Parvin, on the Treatment of Placenta Prævia; by Dr. George W. Mears, on Puerperal Convulsions; by Dr. I. C. Walker, describing the final illness of the late Dr. James S. Athon, the post mortem appearances, and presented an interesting discussion of the preventive treatment of apoplexy; by Dr. Van Vorhis, on Hysteria, the Doctor very earnestly contending that there is no such disease; by Dr. W. H. Bell, upon Certain Reflex Pathological Nervous Conditions arising from Uterine Disease; Drs. S. S. Boyd and W. F. Harvey each presented a paper upon Tobacco, and the former, also, upon State Board of Health, and Home for Inebriates; by Dr. Gregg, on Medical Education, and by Dr. Sutton, upon the Use of the Fulcrum in the Reduction of Dislocation of the Hip-Joint.

The following gentlemen were appointed delegates to the American Medical Association: Doctors George Sutton, J. H. Brill, B. Newland, J. A. Stilwell, J. R. Weist, H. D. Wood, J. B. Larkin, A. B. Cushman, W. C. Thompson, W. W. Butterfield, R. N. Todd, J. Pennington, A. Coleman, S. E. Mumford, M. H. Harding, G. W. Burton, H. P. Ayres, J. R. Beck, F. W. Beard, J. S. Dare, A. Tomlinson, W. B. Fletcher, T. F. Wood, T. B. Harvey, Lewis Williams, J. R. Featherston, A. J. Smith, L. Humphreys, J. D. Maxwell, J. C. Johnson, S. H. Charlton, E. S. Galbraith, W. T. Ferguson, L. D. Waterman and J. W. Brownback.

The delegates to the International Medical Congress are these: Doctors Theophilus Parvin, George W. Mears, S. E. Mumford, F. W. Beard, J. H. Stilwell, J. G. Rogers, George Sutton, W. Hobbs, I. C. Walker, Ezra Reed, T. Higday, G. N. Fitch, H. P. Ayres and H. D. Wood. The following were appointed alternates: Doctors W. W. Blair, J. H. Scudder, G. W. May, J. R. Weist, W. Scott, W. W. Butterfield, J. E. Link, J. W. Hogsett, J. W. Powell, J. H. Helm, J. R. Beck and F. Erickson.

The officers for the coming year are as follows: President, Dr. S. S. Boyd; Vice President, Dr. E. D. Laughlin; Secretary, Dr. G. V. Woolen; Assistant Secretary, Dr. G. W. Burton; Treasurer, Dr. I. C. Walker; Librarian, Dr. J. R. Featherston.

Doctors Weist, Pennington and Boyd were appointed to prepare an obituary notice of the late Dr. Vierling Kersey.

Dr. J. R. Beck, of Fort Wayne, gave notice that an amendment to the constitution would be offered, "limiting the membership to white males, in accordance with the usage of the American Medical Association."

Dr. Hobbs offered the following resolution, which, we regret to say, was adopted: "That no paper which is presented to this society, and referred to the Committee on Publication, be allowed to appear elsewhere in print before its publication in the transactions, without the consent of the committee." This is a big step backward, and attempting to

do what most other societies refrain from doing. If not greatly mistaken the New York State Society once had such a restriction, there was a deterioration in the quality of papers and a deficiency in number; the restriction was removed, and the natural result was improvement and increase in papers. Few who write are willing to wait six months or more to have their writings in print, and then buried in "transactions" that not one in ten even of the physicians of a state reads. Articles thus delayed have lost their freshness and their interest to most—nay, sometimes even their fitness; for with the steady progress of medicine, new facts constantly being discovered, and old ones frequently having a new interpretation given them—that which seems full and fair expression of the truth to-day may be only half a truth to-morrow, no truth at all the next day. The medical journal is the medium of communication with the profession, and a man who has anything to say worth saying, and will say it plainly, pointedly, briefly, and promptly, will be heard through this medium. Transactions of state societies sometimes contain papers of intolerable prosiness and of interminable longitude, that no qualified medical journalist would think of publishing, or else he would, with great labor, winnow out the grains of wheat from the bushels of chaff—put a page in a sentence, a section in a line, give condensed, clear ideas for foggy abstractions and verbal diffusions. For the men who, Pharisee-like, think they shall be heard for their much speaking, "transactions" are wonderfully useful, indeed, perfect godsends; but if the money expended on them was used in sustaining good medical journals, the profession would be greatly the gainer. However, concluding this topic, we hope the society will be wise enough to rescind its action next May, and let this matter be free—no gag law upon physicians, no restriction upon the publication of their papers where and when they please and can. If the Chinese policy proposed is persisted in, it is very easy to predict that there will be no improvement, but rather a deterioration, in the character of the papers presented the society.

From Wayne and Davies counties came certain resolutions relating to medical education in the state. Were they thoroughly discussed, fully considered, and then intelligent and judicious action taken? Not a bit of it. Dangerous revelations as to diploma-dealing might have been made; the pot might have called the kettle black, college might have been arrayed against college, and the good, innocent souls might be disturbed, who contentedly imagine that differences, disagreements, and censures, are but the offspring of personal quarrels and jealousies, with which they have nothing to do, as if right and truth, justice and honor, were not somewhere and somehow involved in all these, and needed the outspoken word and the uplifted hand of every honorable, true, right, and just man, who surely bears a God's commission for just such battle, and must brave a God's penalty for inaction. However, this opportunity has passed. Policy—that detestable word, that infamous power that so often chains the conscience, darkens the understanding, and seals the lips—ruled the hour. But silence will not always be kept; resolutions may be tabled now, they can not be after awhile, and voices, for a time repressed, will be all the louder and more earnest hereafter.

One extraordinary feature of this meeting was the presence of a lady physician, Mrs. Dr. Mary Thomas, of Richmond, a delegate from the Wayne County Society. Her venerable appearance and her manners perfectly womanly, and her few words in the Society, spoken by request and seeming to interest every one, attracted general attention; while those who know her very useful and self-sacrificing life, her great kindness and labors for the poor, would be the last to hinder her in her chosen work. We are by no means converts to the fitness of women for the study and practice of medicine; nay, we would say and do all that is possible to discourage them from entering a medical life: nevertheless, once a woman has commenced that life, and honorably and intelligently pursues it, how can she justly be denied ordinary professional courtesies!

One of the unpleasant features of the meeting was the absence of some of the oldest and most active members, or if present they were denied participation in the work of the Society, because they were not connected with county societies, and therefore could not be members of the state organization. Our own belief is that it was neither expedient nor just to cut off these members; that once having been members, they of right continued to be members, and the act of wholesale expulsion, probably casting out far more of the good than of the bad, was unwise and wrong.

Were we disposed to enter another criticism, it would be in reference to the apparently assumed leadership, and the self-asserted prominence of a few men; some of them would be ashamed of themselves if they were informed how many times they were on the floor, making motions or making speeches: of course such demonstrations were purely accidental, but these accidents cease to be happy if recurring frequently. The average doctor is not deceived by any such demonstrations, and a man does not ascend to greatness as a balloon to upper air by light gas.

In conclusion, the meeting of the society was a success—a success in numbers, more physicians in attendance than ever before—a success in interest, and in the promise of much good work hereafter. Some obvious duties, as it seems to us, were neglected, and unwise silence as to evils kept; but a better day assuredly is coming, and all who love their profession will labor in patience and hope.

Central Kentucky Medical Association.—Resolutions in regard to the late John D. Jackson, M. D., have been received. Had these resolutions come in our hands earlier, we should gladly have published them, but they have already appeared in at least two or three medical journals; and the admirable sketch by Dr. L. S. McMurtry, of the deceased, in our February issue, is sufficient evidence of the ability, attainments and worth of Dr. Jackson, who was so greatly endeared to the community and to his professional brethren.

HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN.—Wisely or foolishly a majority of the profession do not sympathize with those professors in the medical department of the University of Michigan, who still retained their positions after the introduction of two teachers of homœopathy, and utterly condemn their conduct. Dr. Sager, the noblest Roman of them all—possibly the only Roman at all—was the only member of the faculty who resigned. At the recent annual meeting of the Michigan State Medical Society, the following resolutions were presented as part of the report of a special committee to which the question had been referred:

Resolved, That we are not content with the existing situation of the Medical Department of the University, because in our opinion it is not calculated to maintain or advance medicine as a science, nor is it consistent with the honor or interest of the profession.

Resolved, That a state, under our form of government, can not successfully teach either theology or medicine, and that the medical profession ought to be its own teacher and the guardian of its own honor.

Resolved, That we regard all legislative interference with the government of the University as unconstitutional, wrong in principle, and harmful in its results.

Resolved, That section four of the constitution of this state society be amended so as to read as follows, viz.: "Sec. 4. The resident members should be elected by a vote of a majority present at any regular meeting, their eligibility having previously been reported upon by the committee on admission: Provided, That no person shall be admitted to membership who practices or professes to practice in accordance with any so-called 'party' or sectarian school of medicine, or who has recently graduated from a medical school whose professors teach or assist in teaching those who propose to graduate in or practice irregular medicine."

The report and resolutions were adopted by a large majority; the fourth, being an amendment to the by-laws, was, under the rules, laid over until the next annual meeting.

MEDICAL COLLEGE CONVENTION.—Drs. Biddle of Jefferson, Mussey of Miami, Hodgen of St. Louis, Allen of Rush, Briggs of Nashville, and Bodine of Louisville, unite in a call for a medical college convention, to meet at Jefferson Medical College, on Friday, June 2, at 11 A. M. Twenty-five medical colleges have signified their approval of this convention, its object being "to consider all matters relating to reform in medical college work." We shall look with great interest and some hope to the deliberations of this body.

SIR WILLIAM WILDE.—The death of this distinguished member of our profession took place in Dublin in April. The founder of a hospital for diseases of the eye and ear, called St. Mark's—not St. Mary's, as one of our contemporaries calls it—and for years its sole surgeon, author of a work on aural surgery in 1853, for a time editor of the Dublin Quarterly and a frequent contributor to it independently of editorials, and engaged most of his life in a large general practice, he yet found time for a great deal of extra-professional work, both literary and scientific. He was a man of impressive appearance, quite tall, large head, long hair; he was somewhat angular in form, not remarkably graceful in movement, and his locomotion was by strides rather than by steps; there was a certain abruptness in his ways and words that at first were not always calculated to put a stranger at his ease. "Well, what do you think of the London men?" was the question addressed the writer, who went to Dublin from London, upon his first making Sir William's acquaintance. Not replying at once the interrogator exclaimed, "Well, I will tell you what I think of them; they are a selfish set of dogs, and don't care a —— for anybody." He was a genuine Irishman in his love for his country, in his generous hospitality, in his enthusiasm, and in his ready wit. Illustrating the latter: We were sitting at his table one day when he was carving a stuffed roast, the exercise of carving being mingled with objurgations against the butcher for sending him such lean meat, and noticing him twirling off with the end of the knife

a second one of the pins used for fastening the flap enclosing the stuffing, we ventured to suggest that meat was fat, it was certainly *pin-guis;* but quick as a flash he exclaimed, "No sir, no sir, not *pin-guis* but *pin-bis!*"

A long and honored life has closed, and among those in Dublin whose kind hospitalities we remember most gratefully, Sir William Wilde is by no means second.

A COMPLIMENT TO DR. YANDELL.—We have received from Dallas, Texas, the following communication, accompanied with the request to publish it in the American Practitioner:

DALLAS, TEXAS, May 17, 1876.

Theophilus Parvin, M. D., L.L. D.:

DEAR DOCTOR: A letter to you from Dr. D. W. Yandell, giving an account of his recent visit to Texas having been brought to our notice through the columns of the Courier-Journal, we desire through you to express our appreciation of the kindly manner in which it has pleased the distinguished professor to notice the faculty of our city. A compliment coming from so high a source, from one so full of the noblest impulses, whose heart is so full of love and affection, with a mind so richly endowed with the learning of our profession, in short, from one whose reputation is only equaled by his modest worth and intrinsic merit, will ever be cherished, and remembered with love and respect by the entire faculty of our city. We were, and will ever be, delighted to honor in any becoming manner, the distinguished son of so distinguished and venerable a sire. We are proud to know that the mantle so long and yet worn by the father, will, when time has filled its reckoning, fall upon shoulders worthy in every way to wear the same with honor to himself and the profession. May he long live an ornament to the profession and society, and may the physicians of this state be ever worthy of his kind encomiums.

We, in behalf of the entire faculty of the city of Dallas, wish to place on record the above small tribute of respect, as

an appreciation of the high regard and esteem we entertain for our distinguished friend and confrére, Dr. David W. Yandell.

We are, my dear Doctor, yours, very truly,

S. D. THRUSTON, M. D.,
T. W. WILEY, M. D.

CENTENNIAL MEDICAL CONGRESS.—The following are among the eminent foreigners who will be present at the International Medical Congress: Dr. Brown-Séquard of Paris, Drs. Robert Barnes, Morell Mackenzie, C. B. Radcliffe, and Mr. William Adams, of London; Dr. John Barker, Messrs. Henry Wilson and William Stokes, of Dublin.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The annual meeting will be held in the parlor of the Continental Hotel, Philadelphia, on Monday, June 5, at 8 o'clock P. M. Dr. Bell, of the Sanitarian, is president of this organization this year, and an interesting address is expected from him.